VS A15 (4) 15M 10/57

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		Sales of the last	Personal Property and Property	-
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

11426

	1146	n	CERTI	FICA1	E OF DEATH	H		Reg. D	ist. No	-	200
1. PLACE OF DEATH o. COUNTY	Harford		MARY	(LAND	o. STATE Maryl		d lived. If instituti b. COUNTY		nce befor		ssion)
b. CITY OR TOWN (I	f autside carporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	autside carpo	rate limits, write R	URAL and	give nec	prest tow	vn)
	rdeen Rura	1	17 vrs	)	Aberdee	n R.T	) # 3	Box	318		
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital,	give street			d. STREET ADDRESS	21 72				ON	A FARM?
3. NAME OF DECEASED (Type or print)	Willi	an .em	Middle C .		lost Bauer	4. DATE OF DEATH	Mor		31		Year 19 59
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRI	ED   B. I	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDE		-	DER 24 HRS.
Male	White	WIDOW	ED DIVORCE	0 🗆	Aug. 16, 18	92	67 yes.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS C	R INDUSTR	11. BIRTHPLACE (State	or foreign c	ountry)	12. C	ITIZEN C	F WHA	T COUNTRY
Farm	_	"	Proprietor	r	Baltimor	e,Md.,	1/1001173		U	.S.A	,
13. FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME					
Ti	ale Dougan				Anna Grac	0					
15. WAS DECEASED EVE	RINU. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO	). 17. INFO		<u>C</u>	Add	ress			
(Yes, no. or unknown)	(If yes, give wor or dates of	recvice)	12 03-9355		usta En Bau	or /	berdeen,		งกิดก	a	
Yes	MM T		13/1		usta E. Dau	91,	ber deen,	T-TC4 T			
	TH [Enter only one co	ouse per li	Wilde a a a	211	7 1, 1	10.0			ON.	ERVAL B	D DEATH
PARTI, DEA	TH WAS CAUSED BY:	)	110000	10101	Tulgue	DUVI				131	MINA
400.1	DUE TO		Follow	10	1				N		1
Canditians, if a		)	Carana	ry UC	clusion.				41	Crv	16N34
gove rise to i	mmediate (		1	Λ	1					1	
lying cause last.	(4	:)(;	CALONDA	M Ar	Her foscione	1915				V	r.
5		IDITIONS	CONTRIBUTING TO DE	AH BUT NO	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1		AUTOPSY ORMED?
	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (	Enter nature of injury in	Part 1 or Par	t II of item 18.}				
ZOc. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	ar 20d. I While at war	NJURY OCCURRED  Not while of work	20e. PLACE factor	OF INJURY (Home, farm y, street, affice bldg., etc	n, 20f. (City	or town)		(County)		(Stote)
21. I certify th	at I attended the	deceas	ed fram	21-	19 10 to	_10 -	31 - 1959	that I	last so	w the	decease
alive an	lackly -	19 1	nod that	death a	corred at 5:301	M from	n the causes o				
J			1. 4		(		reel, city or lowed		ine du		DATE SIGNE
ACTUAL SIGNATURE	WMAL	UMI	LVIMIA.			8 L	- AN 67		1	11	2-6
SIGNATURE_		. 1	)	M.E		A-1)	1	1		-11:	
PHYSICIAN'S NAME (Type)	Paler	- 12	nomba,	444		Aver	deen.	//\	· V -		
22a. BURIAL, CREMATIO REMOVAL (Specify)		)F	22c. NAME OF CEM	ETERY OR C	REMATORY	22d. LOCA	TION (City, town,	or county)		(Sto	ote)
Burial	Nov.4,24	959	Trinity 1	Luther	an	Jop	pa, Harfo	ord,	Mary	land	a.
23 FUNERAL DIRECTOR			ADDRESS	200	24a. REC'	D BY REGIST	RAR 24b. REGI	STRAR'S S	IGNATU	RE	
Howard	Killeten	ren	Abing	don, Ma	ryland DATE	NOV 5	'59	arth	un 8.	Krave	A

	HTARG TO ST	ADRIFFE A	
		Vanish III	TO SEE
		Charles Killer	
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And Services		de - Inde	100 . 1. 100 The last
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HTASO TO STADIFITED STADIFFICATE OF DEATH INSTRUMENT OF A CONTROL OF A CO e fait les l'Obstance J. Zerottenan. I II vicant su dell'acces française ince un traggioristat l'est afficie t The same and the state of the s Comment of Designation Service of the contract of the . ac - normal fill-Chestertown, No. on Object of

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11428

	1146	7	CERTIFIC	ATE OF	DEATH			Reg. Dist. N	lo.
1. PLACE OF DEATH o. COUNTY	Harford		MARYLAND	o. STATE	DENCE (When	re deceosed lived.	If institution	Harfo	
RURAL and give no		ts, write	c. LENGTH OF STAY IN 16	11/		tside corporate lin	nits, write RU	RAL ond give	nearest town)
OR INSTITUTION	AL (If not in hospital, s	jive street	ddress)	d. STREET					e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fii Car		Middle			4. DATE OF	Month		Day Yeor
5. SEX Female	6. COLOR OR RACE	T	IED NEVER MARRIED			9. AG	E (In years		AR IF UNDER 24 HRS.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHP	LACE (Stote or	foreign country)	05 /]		OF WHAT COUNTR
Retired F	armer				s MAIDEN NA			I U.S	Α.
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	evia Sm	nith	Addre	55	
The state of the s	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which mmediate  (E	Meta Ini	static Carcin					Strat.	NTERVAL BETWEEN NSET AND DEATH ? ?
20a. ACCIDENT WA	AS UNDERLYING [		CONTRIBUTING TO DEATH BU None CRIBE HOW INJURY OCCURR					N IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJUR Hour a. ft. p. m.	MEDICAL EXAMINER)	ar 20d. It While of wor	Not while	PLACE OF INJURY octory, street, office	(Home, form, ce bldg., etc.)	20f. (City or tow	/n)	(Coun	(State)
actual SIGNATURE	t. 13 Lilland Hard P. Ha	12 P.	Hudson	M.D.	7:2Ωp	M, from the poress (Street, ci	causes and the following straining of the following straining stra	d on the cote)	saw the decease date stated above DATE SIGNE OCt. 15,195
REMOVAL (Specify) Burial  23. FUNERAL DIRECTOR	10/17/19	59	Deer Creek M	ethodiat			Hill	Maryl	
Joseph W. F.	Stev BE	APT.	Ayt Williams &	54,		ey registrar T 1 9 '59		KAR'S SIGNAT	

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11462 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11429

Reg. Dist. No.

Street All Add	
1. PLACE OF DEATH O. COUNTY  Haryland  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL on give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Toppa	Baltimore 3vo1-4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  1. S. Runta 4. G.	d. STREET ADDRESS  O 9 5 Dilmne  o, 15 RESIDENCE  ON A FARM?  YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print) First Smith	Clark Jean Date Month Day Year DEATH DEATH Toler 20 195
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8  WIDOWED DIVORCED	DATE OF BIRTH  (-27-12   9. AGE (In years   IF UNDER 1YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. SIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
Welder Md.Dry Dock.	Va. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Oliver Clark	Bell
(Yes, no. or unknown) I (If was give wer or dates of service)	rs Ethel Clark, 109 S.Gilmor St.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	n Main
816X DUE TO TO	men lege of in
Conditions, if ony, which gave rise to Immediate cause	ous, topine,
(c), stoting the underlying DUE TO	ull
CATIO	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING A THE CAUSE OF DEATH.	inter nature of injury in Part I or Part II of item 18.)
O Hour on 10-919 Sa While Not while of foct	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	ante 40 1 10/14 1/myer
21. I certify that I taok charge of the remains described about	
death resulted from: Natural causes, Accident, Sui	cide [], Hamicide [], Undetermined cause [].
ACTUAL Level C falmer	_M.D. CHIEF MEDICAL EXAMINER DELA in M. DATE SIGNED
EXAMINER'S GEVOLD CPIMET	ASSISTANT MEDICAL EXAMINER D  DEPUTY MEDICAL EXAMINER D
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
Burial 10/23/59 St.Peters Co	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Witzke Funeral Dir. 4101 Edmondson	AVE DATE OCT 2 3 '59 Cuilwy & Known
	DATE ULI 23 59 Circles & Klasse

VS. A15ME(5) 5M 9/55 A STATE OF THE PARTY OF THE PAR COOL PRINCES to tout keep 100 the further say AND OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE P situaco Parecrol Dir. 610 b Edmona contiti MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Hotel Mourial Hospital Perstantis Gunshed Wound of Aldomen

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VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11446

**CERTIFICATE OF DEATH** 

11431 Rea. Dist. No.

										***		
1, PLACE OF DEATH o. COUNTY	Harford		MAI	RYLAND	2. USUAL o. STAT	RESIDENCE (W		d lived. If institut b. COUNTY	/	_	ord	on)
b. CITY OR TOWN (IF RURAL and give new Aberder	prest town)	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY		outside corpo	rate limits, write	RURAL ond	give ne	arest town)	
d. NAME OF HOSPITA OR INSTITUTION 11 East	Bel Air				d. STRI	East	Bel A	ir Aver	nue		e. IS RESI ON A YES	
3. NAME OF DECEASED (Type or print)	THON		Midd JOS		GEI	Losi BHART	4. DATE OF DEATH	Octob		9.	•	eor 9 59
5. SEX Male	6. COLOR OR RACE White	WIDOWE	DIVOR	ED 🔲	B. DATE OF April	25,	1939	9. AGE (In years lost birthdoy) 20 yrs	Months	1 YEAR Doys	Hours	R 24 HRS. Min.
Stud	ing life, even it retired	dane 10b.	KIND OF BUSINESS	OR INDU		Mar	yland	ountry)		.S.		COUNTRY
13. FATHER'S NAME	77 07 3	,			14. MOTH	IER'S MAIDEN						
1s. WAS DECEASED EVER	as F. Get			17 1	INFORMANT	Ruth	G. B	oulden	. 77	773	5.3	A .
	I yes, give war or dates of s		15-34-62		homas	F. G	ebhar	t, Aber	deen	E.	Bel	Air
Canditians, if an gove rise to in cause (a), stating t lying cause last.	mediate (	Cz	ulmone relace p ukener	Lem 	Os of the long	ge.	Pries	ase_ E CONDITION GI	VEN IN PAR	3	day -yz	R n- iars.
20g ACCIDENT WAS	S UNDERLYING (*)		CRIBE HOW INJURY						7214 114 1750	. 1(0)	PERFOR	NO [4
OR CONTRIBUTING	CAUSE OF DEATH											
20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yes	While	Nat while at wark	20e. PL fo	ACE OF INJU ctary, street,	JRY (Hame, for affice bldg., et	m, 20f. (City	or lawn)	(1	County)		(Stote)
21. I certify the alive on	at I attended the	decease 19.5	a-	che death	accurred	00 N.	ADDRESS (SI	n the causes treet, city or town n Ave nu	and on t	last so he da	te state	deceased d above TE SIGNED
PHYSICIAN'S NAME (Type)	Frank			M.D.			de Gr	ace, Mó				
220. BURIAL, CREMATION REMOVAL (Specify)	10/12/	159	Bel Ai	r Me	moria		dens,	TION (City, town, Bel A	or county)	Ma	(Stote	
25. FUNERAL OFFICTIONS JOULU 9. OC	SIGNATURE T		ngooleane Aberdeen			24a. REC	OCT 1 4	150	ISTRAR'S SIG			

JAG DIROJA manifest of mosts the respective authorities at a concern 1952-15-25 FIGURE STATE OF THE STATE OF TH THE RESIDENCE OF THE PROPERTY OF THE PARTY O dorate garage and the dependent of the contraction The state of the s The first the same of the first that the first the first

\$ 8 °		11 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.	3%
please exe should b cremotian		1. PLACE OF DEATH O. COUNTY  DOA Harford Memorial Hospirbail  2. USUAL RESIDENCE (Where deceased lived. If Institution Residence before admission of STATE Maryland  b. COUNTY X X X X X X X X X X X X X X X X X X X	
Poge , buriol,		b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  ond give nearest fown)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
. Pe		Havre de Grace DOALEXHAMES Worton 14X-2	-
S ne	000	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDION A F/	ARM?
dire r	097	Havre de Grace - Harford Memorial Hosp.	10 F X
uneral vour r your		3. NAME OF First Middle Lost 4. DATE Month Day Year OF DECEASED (Type or print) Earl Gibbs Lost 19 5	
the f		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in yours loal biglighter) Months Days Hours Mile	
in oin		M C WIDOWEDCK DIVORCED Dec. 13, 1893 OS ym.	IL ITOVO
firer dec and 3 be reto		100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Laborer  Various  11. BIRTHPLACE (State or foreign country)  Kent Co. Maryland  USA	UNIRY?
les 1, 2, 5 may 5 may 2ges 1 c		13. FATHER'S NAME Richard Gibbs  14. MOTHER'S MAIDEN NAME Emma Clayton	19.
ive Poge Page File po		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 220-09-1810 Mrs. Linara Brown RFD Worton, Md.	
PM3		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  INTERVAL SETWEEN ONSET AND DEATH	
ra 18		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) fracture skull	
lter th fo		819 X DUE TO	
ii in		Conditions, if any, which (b) gove rise to immediate cause	
pend		(o), stoting the underlying DUE TO	
S e s			OPSY
ing ing	0	PERFORME	D?
pend piner's		20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
Th rard Exa South		S 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 120f, (City or town) (County) (S	Stote)
he year	12	Hour c. m. 10-11-599 While of work of work Route 40 Havre de Grace Harford Mar	vlan
examine the vriting the lef Medico	100	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection . (Inquiry , and find	
		death resulted from: Natural causes, Accident xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
AEDICA	7	ACTUAL SIGNATURE DOUGLE S'ALME M.D. CHIEF MEDICAL EXAMINER DATE SIGN	CED
DEPUTY MEDICAL use the certificate, v orworded the Chi FUNERAL FUNERAL	2	ASSISTANT MEDICAL EXAMINER TO 10-12-59  RAME (Type) Gerald C. Palmer, M. D. DEPUTY MEDICAL EXAMINER 10-12-59	
		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	
5 2 5 0		Burial" 10/17 /59   Coleman's Cem. near Worton, Md.	
VS. A15ME(5)	·V	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  OCT 1 6 '59  Cultury S. Krama	
5M 9/55	03	Lenneth Walley Chestertown, Md. DATE OCT 16 39 allung S. Kruna	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
11448	CERTIFICATE	OF	DEATH	

11433 Reg. Dist. No.

1. PLACE OF DEATH c. COUNTY	Harford '	MARYLAND	2. USUAL RESIDENCE ( o. STATE Mary	Where deceased	d lived. If institution b. COUNTY	n: Residence before	_
b. CITY OR TOWN (If RURAL and give ne		ile c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corpo	rote limits, write RI	URAL and give ne	earest tawn)
OR INSTITUTION	AL (If not in hospital, give storch Green	treet oddress)	d. STREET ADDRESS		Green		e. IS RESIDENCE ON A FARM? YES NO XX
3. NAME OF DECEASED (Type or print)	First ELIZABE	Middle WATSON	GIFFORD	4. DATE OF DEATH	Mon	- 0	Year 1959
5. SEX Female		MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH  Jan. 11,	1879	9. AGE (In years last birthday) yrs.	Months Days	Hours Min.
during most of work	N (Give kind of work done ing life, even if retired)	10b. KIND OF BUSINESS OR INDI Hotel		ote or foreign co	ountry)	12. CITIZEN C	A .
13. FATHER'S NAME	orge Watso	n Gifford	14. MOTHER'S MAIDEN	n NAME	McCull	. —	
	IN U. S. ARMED FORCES? If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. 181-22-4513-A		h Hodg		es 51 N.	
PART I. DEAT	TH [Enter only one cause p TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).	Failure				HENNES LEVEL
Canditians, if on gove rise to in couse (a), stating t lying cause lost.	he under-	Arberia	sclerotic	Heart	Disease	se	1 month
_	FR SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	RMINAL DISEASI	E CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury	in Part I or Part	It of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	W	Od. INJURY OCCURRED 20e. P  /hite Not white  work of work	LACE OF INJURY (Home, fo octory, street, office bldg.,	orm, 20f. (City etc.)	or town)	(Caunty)	(State)
21. I certify the alive on	property of the dec		90 , 19 , ta h accurred at 8:0	ADDRESS (SI	the causes a reet, city or town,	nd on the da	aw the deceased the stated above DATE SIGNED
PHYSICIAN'S NAME (Type)	Peter P	Rodman, M.	D. A		n, Md.	\ <i>Y</i>	
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	10/21/59	22c. NAME OF CEMETERY (			CIL Cour		(Stote) ryland
23. FUNERAL DIRECTOR'S	DAME TELL	ing Pufferal Fordern, Md.		OCT 2 2 15		TRAR'S SIGNATU	·-

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Z EN		11449 CERTIFICA	ATE OF DEATH Reg. Dist. No.	4
	1.	PLACE OF DEATH O. GOUNTY HARFORD MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission b. COUNTY Cecil	1/
7	4	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town AURE OF STAY IN 16  AURE OF STAY IN 16  AURE OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Port Deposit	
11	H	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ACCUSED MEMORIAL HOSD: +AL	d. STREET ADDRESS  51 Granite Ave.  6. IS RESIDE ON A FA YES	ARM?
ê		NAME OF DECEASED (Type or print) First Middle	GRIFFIN 4. DATE Month Day Year OF DEATH Octobe R 1/ 19.	11
	1	1ALE COLORED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Only 159 9. AGE (In years lost birthdoy) Only 59 Wonths Doys Hours	Min.
E		b. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  None	USA  11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COL  USA  14. MOTHER'S MAIDEN NAME	JNTRY?
		FATHER'S NAME Elmer Johnson	JOYCE MARIE GRIFFIN	
- 70		s, no, or unknown) (If yes, give war or dates of service)		d.
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Broncho Pneumoria. Interval BETWONSET AND DE	EATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  (b)  DUE TO  (c)	Hartro entir ts.	
2	CATION	Pysta: Ulcer -	TO NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AU PERFORM  LENGTH OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AU PERFORM  YES DE N	IED?
	CAL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)	
	MEDIC	Hour o. m. While Not while of work of work	LACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote)
		21. I certify that I ottended the deceased from 9-1-1 olive on 10:10-1, 1959, and that death	h occurred at 5:45 AM, from the couses ond on the dote stoted of ADDRESS (Street, city or town, stote)  DATE S	bove.
			M.D. House Stoff. 10- 11-5	9
		PHYSICIAN'S L. I. MELEAN	***************************************	
1	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (State)	
/			OR CREMATORY  22d. LOCATION (City, town, or county) (Stote)  CONOWINGO Md.  24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 11464 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Harford MARYLAND Maryland Harford b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) White Hall Years White Hall d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION Norrisville Road YES NO Norrissville Rd. 3. NAME OF First 4. DATE Middle Month Day Year DECEASED Jacob Willard Hammond (Type or print) DEATH October 19 50 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH Months Doys Hours Min. WIDOWED [ DIVORCED | 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Retired West Virginia TISA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) 214.05.3954 John W. Hammond 2108 Lukewood Ave. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Gard IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which Dear BLG. gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YES NO N 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from Tal. 15, 19 59 that I last saw the deceased and that death accurred at 4. 50 h.M. from the causes and on the date stated above. ADDRESS (Street, city en-lown, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) mmi 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) he Baltimore Balt.imore 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR arthur & Krous VS A1S (4) John T. Stansbury 6411 Windsor Mill Rd. DATE OC 1SM 10/S7

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VS. A15ME 5M 7/59

W			burial-transit permit. File pages hand 2 with the State Board of Health, ES	
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tould be executed within 24 hours after death. If any death is necessary	ncil	alc	-tra	Bn
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tem 18 Film 253 12-7 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 37

114 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1,	PLACE OF DEATH			2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission on STATE b. COUNTY				
_	HARFORD MARYLAND			MARYLAND Adalas				
	b. CITY OR TOWN (ii) write RURAL and	outsida corporate lim give neerest town)		c. CITY OR TOWN (  JOP  d. STREET ADDRESS	(If outsida corporeta limits, writa RURAL and	giva nearast lown)		
1		d Memorial		d. STREET ADDRESS		ON A FARM?		
3.	NAME OF DECEASED (Typa or print)	First	Middle RNON	HARRIS	4. DATE Month OF DEATH October 30	Day Yeer 59		
5	SEX			B. DATE OF BIRTH	9. AGE (In years   IF UNDER 1			
	Male	Colored	WIDOWED DIVORCED	Nov.17,1924	Land Advantage of the contract	Days Hours Min.		
10 d	one during most of wor Trackm	king life, aven if ratin	Railroad			S.A		
13	. FATHER'S NAME			14. MOTHER'S MAIDEN		.D.A.,		
	พสาร	am F. Harr	n e	Tilli	e Morris			
13	. WAS DECEASED EVE			INFORMANT	Address			
	es, no, or unkown) (If	yesgiva war or dalas of:	servica)					
-	Yes W		218 12-2627   B. e cause per line for (a), (b), and (c).j	ernice E. Har	rris, Joppa, Marylan	d.		
		WAS CAUSED BY:		1111		ONSET AND DEATH		
1	11	MMEDIATE CAUSE (e)	Interstitial r	nyocarditis				
	1422	2 DUE TO						
	Conditions, if any	1 1-1	)					
	gava rise to immadia (e), steting the un	DHE TO						
	cause lest.	) (c)						
CERTIFICATION	PART II. OTHER	SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
CERTIFIC	2Da. EXTERNAL CA PRIMARY Or COI CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURED. (	Enter netura of injury in Pe	rt I or Pert II of Item 18.)			
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Ya		ACE OF INJURY (Home, farr tory, street, office bldg., etc		(Stete)		
	21. I certify th	at I took charge	of the remains described above, he	eld an Autopsy X,	Inspection , Inquiry ,	and in my opinion		
	death resulted for	rom: Natural c	auses . Accident . Suic	ide . Homicide	Undetermined manner			
1		461	7,	CHIEF MEDICAL	EXAMINER [			
	ACTUAL SIGNATURE	Jollan	lung of	M.D. ASSISTANT MED	DICAL EXAMINER X	DATE SIGNED		
		)		DEPUTY MEDICA	L EXAMINER	- 4 4.		
	NAME (Type)	W. Br	adley King, Jr., M.I	3.	city, town, or county)	10/30/59		
22	e. BURIAL, CREMATIO REMOVAL (Specify)		0.50	R CREMATORY	22d. LOCATION (City, town, or country)	(Steta)		
-	Burial 3. FUNERAL DIRECTOR	Nov.2,1	959   John Wesley Address	240 050	Abingdon, Harford	Maryland.		
12	Howard K. I				NOV 4 '59 Cathun S			
	Howard N. I	Te comas &	Son Abingdon, Max	CYLENG. DATE	Coronary 2	. rucua		
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1145%EDICAL EXAMINER	'S CERTIFICATE OF DEATH Reg. D	1144()
1. PLACE OF DEATH FURTHER COUNTY DO A HONOR COUNTY DO A HONOR NEW MORE MANYER	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residue)  o. STATE  b. COUNTY  COUNTY  COUNTY	ence before admission)
b. CITY OR TOWN   It autide corporate limits, write RURAL ond give nearest lown)	c. CITY OR TOWN (If guiside corporate limits, write RURAL one Kent Cou	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Howard Howard Howard	d. STREET ADDRESS	e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Engene Enoth	John J. DATE Month )	Day Year 1959
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	3-21-33   last birthday) 26 yrs. Months	TYEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  aborer  carpenter	USTRY 11. BIRTHPLACE (Stote or foreign country)  Kent CO. Maryland	USA
Reuben Jones	Addie Wilson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yos, no, or unknown)   (H yos, give wor or doles of service)   20-28-2203	Addie Jones RFD Worton, M.	d.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Fracture Sku		INTERVAL BETWEEN ONSET AND DEATH
S/9 X DUE TO Conditions, if any, which) (b)		
gove rise to immediate couse (a), stating the underlying couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	17 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
E PRIMARY   or CONTRIBUTING   A NOTE accide	(Enter noture of injury in Port I or Port II of item 18.)	2
All Hour own, Oct 11 (9While _ Not while )	PLACE OF INJURY (Home, form, 20f, (Bity or town) (Coroctory, street, office bldg., etc.)	unity) (Stole)
21. 1 certify that I took charge of the remains described all death resulted fram: Natural couses		ry [], and find that ].
		ry [], and find that ].  USDATE SIGNED
death resulted fram: Natural couses , Accident & S	Suicide [], Homicide [], Undetermined cause [	ry [], and find that ].  **Under Signed**  ** 10 - 11-5
actual SIGNATURE Level C Palmar	M.D. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER OF CREMATORY  DEPUTY MEDICAL EXAMINER OF COUNTY)	ry [], and find that ].  USDATE SIGNED  (Stote)

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the control of the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral distriction. Page 4 should be forwarded the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fill.

TO FUNERAL MECTOR: Page 3 should be used as a buriof-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, ar remayal.

VS. A15ME(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11466

#### **CERTIFICATE OF DEATH**

Reg. Dist. No. 11441

1	o. COUNTY	Har ford	MARYLAND	2. USUAL RESIDENCE (Where a. STATE Mary)	deceased lived. If institution: Res	idence before admission)
	b. CITY OR TOWN RURAL and give	(If outside corporate limits, write negrest town)	c. LENGTH OF STAY IN 16 20 Years	c. CITY OR TOWN IT outsi	de corporate limits, write RURAL of	and give nearest town)
	d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, give street		d. STREET ADDRESS	ie Road	e. IS RESIDENCE ON A FARM? YES NO
13	B. NAME OF DECEASED (Type or print)	Jessie	Middle	telly	OF Month DEATH	Z& 19.37
	116 Ce	Colorad WIDOW		Aug. 10 18	Igst birthday) Mont	DER I YEAR IF UNDER 24 HRS. hs Days Hours Min.
	Laborer	ION (Give kind of work done 10b. orking life, even if retired)	itules Indust	ry Mary/	aced	CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME  SG S	unel Kelly	,		wie Bout	5
	(Yes, no. or unknown) Yes	1	20-03-1007	Hattie T. Kelle	1-aber beer	#1-wd
		EATH (Enter only one couse per li EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne far (a), (b), and (c).] CAR D10 - VASC	ILAR COLLAR	SE	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if gave rise to couse (a), stating	immediate DUE TO	CARCINOMA	OF STOMACH		UNKNOWN
	lying couse last PART II. O'	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL	L DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTION	VAS UNDERLYING   20b. DES IG   CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURE	ED. (Enter nature of injury in Part	1 or Part II of item 18.)	
	20c. TIME OF INJU Hour a. m. p. m.	While	Not while	PLACE OF INJURY (Hame, form, octory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify to	that I attended the decease 10-24, 19-2	-0	h accurred at 1:00 P. A	M, fram the causes and a DRESS (Street, city or town, state)	t I last saw the deceased in the date stated above
1	ACTUAL SIGNATURE	benther D.	Hinch	M.D. 421 Ca	WERESS AVE.	10/29/59
-	PHYSICIAN'S NAME (Type)		RSC h	HAUZ		MD
	SEMOVAL (Specification)  3. EUNERAL DIRECTO	10/31/1959	LUIOU TUE	thudist	d. LOCATION (City, town, or coun	7- Mary lack.
1	John 4. 70	errices akend	earl Thary	lassel. DATENOV 3		S. Thomas

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	And the base of					
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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M -

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in 24 hours after death.

executed

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11442

# 11467 CERTIFICATE OF DEATH

			DIST. NO
1. PLACE OF DEATH	2. USUAL RESID	ENCE (HOME) OF DECI	EASED
COUNTY Harford MARYLAND	STATE Mary	and COUNTY	Harford
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside co	rporete limits, write RURAL end g	live neerest town)
TOWN Rural, Bel Air Entire life	X TOWN Ru	ral, Bel Rir	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS	(If rurel give to	cation)
3. NAME OF (First) (Middla)	(Last)	4. DATE (Month)	(Day) (Yeer)
(Type or Print) Joseph Milton	Kelly	OF DEATH OLL	
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE		0000	
RACE WIDOWED, DIVORCED.	OF BIRTY	The state of the s	UNDER 1 YEAR   IF UNDER 24 HRS.
Male White Married Januar	ту 28,1896	63 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relified) OR INDUSTRY	11. BIRTHPLACE (Stele or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Maryland		U.S.A.
io. Follish o Home	14. MOTHER'S MAIDE	N NAME	
James M. Kelly	Annie Gla	ckin	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  [Yes, no, or unk.] (If Yas, give wer or delas of service)	17. INFORMANT	& ADDRESS	
218-18-1852	Man Way	ion Valle Day	
IB. MEDICAL CEI	RTIFICATION	ion Kelly, For	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH
LILL BX IMMEDIATE CAUSE (A) Carebral Hemorrhag	e		Sydden deat
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B) Chr. hypertensive c GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	ardiovascular	disease	15 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Three previous ep	isodesof cere	bral thrombosis	Ist 9 yrs ag
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		or or other orneon 1	20. AUTOPSY?
			YES NO TH
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Homa, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OC	CUR? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21e. INJURY OCCURRED While Work at work	21. HOW DID INJURY OC	CUR?	
22 I horoby contifu that I attended the decorate Comb	10 1.7 00	1 00	
22. I hereby certify that I attended the deceased from Sept.	, 19	L	that I last saw the deceased
alive on Sept25, 1959, and that death occurred a	1	causes and on the date	
11) 11 . 0 0 1/ 21 - 1		DRESS (Streat, city, town, st	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY	t Hill Marylar	od Oct. 29,1959
Burial Oct. 31.1959 St. Ignatius  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	'S SIGNATURE Bel	Air Md ADDRESS
DATE NOV 2 '59 Criting & Known	Janelli.	15 6	es Quilles

# LIET CERTIFICATE OF DEATH

Reg. Distr. Nec.

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PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed

The bottom copy may be retained by the hospital or attending physician.

ATTEND

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 11468

of this	MARYLAND STATE DEPARTM	ENT OF HEALTH-BALTIMORE, 18
ne third copy of	11468 CERTIFICAT	
<u> </u>	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
the	COUNTY HARTORO MARYLAND	STATE Maryland county Harford
by the funeral director, th	CITY (If outside corporate limits, write RURAL OR end other nearest town) TOWN  LENGTH OF STAY (in this place)	CITY (If outside corporata limits, write RURAL end give nearast town) OR TOWN Bel Air
k X	HOSPITAL OR INSTITUTION OR STREET ADDRESS	/ STREET (If rural give location) ADDRESS Thomas Run Road
unj e	3. NAME OF (First) (Middle) DECEASED (Type or Print) Thomas Nice	(Lest) 4. DATE (Month) (Day) (Yeer) OF DEATH 10 18 19 59
E .		OF BIRTH 9. AGE lest birthdey   IF UNDER 1 YEAR   IF UNDER 24 HRS.
<u> </u>	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed 11-	-25-1880 78 yrs. Months Days Hours Min.
mit.	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  TT C
y fi	V3. FATHER'S NAME	Martland U.S.
is:	Thomas Nice Livezey Sr.	Sylvania Stewart
hysician and completely is as a burial transit per	(Yes, no grank.) (If Yes, give week dates of service) 2:2-24-7100	17. INFORMANT & ADDRESS MERGERET BIVESEY BELLER ROLLS
a bu	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
siciar	443 X IMMEDIATE CAUSE (A)	al Vascular accident 3 DAYS
physi use	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	marine C-V-D ZO YEARS
e attending detached for	STATING UNDERLYING CAUSE LAST. DUE TO  (C)	
e atte detacl	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
P P P	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO F
executed by ambiy should b	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
embly	21d. TIME OF INJURY (Month) (Dey) (Yaar) (Hour) 21a. INJURY OCCURRED While Not while at work I et work	21f. HOW DID INJURY OCCUR?
FUNEKAL DIRECTION: The law requires that the efficate has been executed by the attending phelathicate assembly should be detached for usc 1-55 10M —	22. I hereby certify that I attended the deceased from alive on 10.18., 19.39., and that death occurred SIGNATURE Pour Bourness M.D.	at 15.25 M, from the causes and on the date stated above.  ADDRESS (Streat, city, town, steta)  DATE SIGNED  Forest Hill, Md. 10-19-59
certificate death certi	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY C	R CREMATORY LOCATION (City, town, or county) (State)
VS A do	Burial 10-21-59 Mt. Zion Co	emetery   Bel Air, Maryland   25 FUNERAL DIRECTOR'S SIGNATURE   ADDRESS
3	DATE OFT 21 '59 Cirling S. Kraus	Sould 7 For Bellin May

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## HTARE CERTIFICATE OF DEATH

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c. CITY OR TOWN (If outside corpor	Harford County ate limits, write RURAL and gi	y
X Fallston, Maryland		ve nearest town)
/ d. STREET ADDRESS Waterve	ale Road,	e. IS RESIDENCE ON A FARM? YES NO
UCHANSKY 4. DATE OF DEATH	Manth	Day Year 7 19 57
October 15,1895	Land Bright day A	YEAR IF UNDER 24 HRS.
NDUSTRY 11. BIRTHPLACE (Stote or foreign co	untry) 12. CITIZ	Austria
14. MOTHER'S MAIDEN NAME Unknown		
7. INFORMANT Mr.Paul Luchansky-Fal	Address Llston Marylan	đ
		2 YRS
		1(a) 19. WAS AUTOPSY PERFORMED? YES NO
KRED. (Enter noture of injury in Port I or Port	II of item 18.)	
PLACE OF INJURY (Home, form, 20f. (City factory, street, affice bldg., etc.)	or tawn) (Co	ounty) (State)
ath occurred at 6 A- M. fram	the causes and an the	
Y OR CREMATORY 22d, LOCATI	ION (City, town, or county)	(State)
7	Lost  UCHANSKY  B. DATE OF BIRTH  October 15,1895  HOUSTRY  11. BIRTHPLACE (Stote or foreign contact of the content of the con	Lost J. DATE OF DEATH OCT  B. DATE OF BIRTH J. AGE (In years lost birthday)  October 15, 1895 63 yrs. III Months G. J. Austria  14. MOTHER'S MAIDEN NAME  Unknown  7. INFORMANT Address  Mr. Paul Luchansky-Fallston Maryland  ESPIRATORY CAILURE  ROTIC CARDIO-UASCULAR DIS.  BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  RRED. (Enter noture of injury in Port I or Port II of item 18.)  PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)  PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)  ADDRESS (Street, city or town, stote)  M.D. HOLLER DEATH OCT III of the causes and an the causes are causes and an the causes are causes and an the causes and an the causes are causes are causes and an the causes are causes are causes are causes and an the causes are causes ar

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 O FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shaultee detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. TO FUNERAL VS A1S (4) 15M 9/5S

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## CERTIFICATE OF DEATH 1. PLACE OF DEATH director. Page or your files. a. COUNTY of Health, a. STATE H arford is necessary MARYLAND b. CITY OR TOWN (if oulside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 14 yrs. Edgewood 0 Ö d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Boar be retained State | 5 Morgan Court death. 2, and 3 to the fur 3. NAME OF Middle 4. DATE Month DECEASED 2 with the William (Type or print) Matherlev DEATH Oct. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH age 5 may 1 and 2 wit 72 hours a birthday) WIDOWED I DIVORCED Oct.6,1915 24 hours after 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Page . done during most of working life, even if retired) in pencil in Item 18. Give Pages 1, Office along with form PM3. Page Bristol, Tenn., Dairy Laborer pages | FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clara P. Pennington John D. Matherly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yas giva war or dalas of service) Office along with burial-transit permi Mrs., Nora Matherly, This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] .5 PART I. DEATH WAS CAUSED BY Arteriosclerotic Heart Disease IMMEDIATE CAUSE (a) 420.0 DUE TO Conditions, if any, which (b) ease exert the certificate, writing the word "bending" should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a b gave rise to immediate cause DUE TO (a), stating the underlying cause lest. cremation, CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | EDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY - Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (Cily or lown) fectory, street, office bldg., etc.) 0 Not Whila Hour a.m. al work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: / Natural causes 7 Suicide Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER TY SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Bradley King, please exel 4 should b DEPUT NAME (Typa) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 6 Burial Oct.20,1959 Bel Air Memorial Gardens FUNERAL DIRECTOR VS. A15ME Abingdon, Md., 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) 5 Morgan Court e. IS RESIDENCE ON A FARM? YES NO Day Yeer 19 AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. Months Davs Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A., Edgewood, Maryland. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO (County) (Steta) and in my opinion Undetermined manner DATE SIGNED 10/18/59 22d. LOCATION (City, town, or country) Bel Air, Harford, Maryland. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Cirling S. Fraus

Date land

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## CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MAR STATE COUNTY MARYLAND (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL end give nearest town) and give nearest town) OR (In this pleca) TOWN HAVRE DE SMOS TOWN GRACE HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (Middle) (Last) (Yeer) DATE DECEASED (Type or Print) 195 S. SEX COLOR SINGLE, MARRIED 8. DATE OF BIRTH AGE last birthdey IF UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED, Months Days Hours (Specify) MARITIED 10b. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if COUNTRY? retired WIGHT WATCHINAN TIRED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yas, give war or datas of service) LAFAVEITE 51 NO I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21e. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Home, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Steta) OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, TIME OF INJURY (Month) (Day) (Year) 21f. HOW DID INJURY OCCUR? (Hour) 21a. INJURY OCCURRED Whila Not while at work at work 22. I hereby certify that I attended the deceased from COC alive on.... .M, from the causes and on the date stated above SIGNATURE (Street, city, town, stete) BURIAL CREMATION. DATE THEREOF NAME, OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) URIA REC'D BY REGISTRAR REGISTRAR'S SIGNATUR FUNERAL DIRECTOR'S SIGNATURE ADDRESS Colling S. France DATE OCT 2 8 '59

## THE CERTIFICATE OF DEATH

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CERTIFICATE OF DEATH

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11454	CERTIFICA	ALE OF DEATH	Reg. Di	st. No.
O. COUNTY HAR FORD	MARYLAND	2. USUAL RESIDENCE (Where de	b. COUNTY	ce before odmission)
b. CITY OR TOWN (If autside corporate limits, write RORAL and give nearest town)	3 Lays.	Port De	corporate limits, write RURAL and	7x-2
d. NAME OF HOSPITAL (If not in hospital, give street OR-INSTITUTION AR FORCE  OR INSTITUTION	elk /	d. STREET ADDRESS'	TAIN ST	•. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print) When C	Vesley M	Mollen 1.0	ATE Month Catober	Day Year 8 1959
MAKE O CSTORED WIDOW	ED DIVORCED	8. DATE OF BIRTH Oct.8,1879	9. AGE (In years lost birthday) 80 yrs.	Days Hours Min.
	KIND OF BUSINESS OR INDUS Day	STRY 11. BIRTHPLACE (State or for	eign country) 12. CI	U.S
William Mc Mull	le N	14. MOTHER'S MAIDEN NAME	pefield	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. apparatum) (If yes, give wor or dates of service)		S.McMullen,3	Address 203Elgin Ave.	,Balto.Md.
18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (0), (b), and (c).]	ul infare	tim	INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which (b)	antenouls	the bunt of	lievie	>com
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> CC (c)				
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS OF CONTRIBUTION	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PAR	17 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I	or Port II of item 18.)	252
20c. TIME OF INJURY Manth, Day, Year 20d. II Hour o. m. 19 While at war	_ Not while	ACE OF INJURY (Home, farm, 200 ctary, street, affice bldg., etc.)	. (City or town)	Caunty) (Stote)
21. I certify that I attended the decease	~	occurred at 1/30/AM.	from the causes and on t	last saw the deceased
ACTUAL B. Oliving	with V.	77-7-11	ESS (Street, city or tawn, state) 10-8-59	DATE SIGNES
PHYSICIAN'S B. J. Plunke	ett Jb.	Havre de	Grace, Md	
220. BURIAL CREMATION, 226. DATE THEREOF 10-12-1959	20c. NAME OF CEMETERY O		Oct Deposit, Mo	(Stote)
23. EUNERAL DIRECTOR'S GIGNATURE	ADDRESS Perryvil	le,Md. DATE DATE		
			3 59 CACE 3	Mares

may be retained by the hospital or attending physician.

TO FUNERAL SCTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shown be because for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 8 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

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b. CITY OR TOWN (	If outside corporate limit	s, write	c. LENGTH OF STAY IN	1ь				ote limits, write R		and the same of		n)
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3. NAME OF DECEASED	Firs	t	Middle		los	1	4. DATE	Mor	th	Do	У	Yeor
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13. FATHER'S NAME				14	I. MOTHER'S	MAIDEN N	AME					
T. B. M	vers				Cam	elia I	luev					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOR	THAME		-31	Add	ress			
(Yes. no. or unknown)	(If yes, give war or dates of se		42-01-7693	L.E.	. Myer	s,		Jonesvi	lle,	N.C	٠,	
18. CAUSE OF DE	ATH [Enter only one con	use per li	ine for (a), (b), and (c).]							INT	ERVAL BI	ETWEEN DEATH
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	A	cute min		a Di	1.	INF	ART.	2 41	4	OPP	x. 2
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lying cause lost.	) (c)		ARTERIO					te Ae !	015			
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PA	RT 1(a) 1	9. WAS	AUTOPSY ORMED?
PART II, OT			NIA								YES [	
200. ACCIDENT W		20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter noture o	of injury in F	art I or Part	II of item 18.)				
OR CONTRIBUTING	G CAUSE OF DEATH		NIA						200		94	II M
20c. TIME OF INJUI	RY Month, Day, Yea				OF INJURY (		20f. (City	or town)	- 0	(County)	18 10	(Stole)
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PHYSICIAN'S NAME (Type)	Warren R.		Lesch		115	Fulf	ord	Bel A	ir. M	d.,		
	ON, 226. DATE THEREO	F	22c. NAME OF CEMET	ERY OR CR	EMATORY			ION (City, town,			(Sto	ote)
REMOVAL (Specify	1)		Reins-Stur		732			Wilkes				
23. FUNERAL DIRECTOR	Oct 9.75	159	ADDRESS	ur van	OF . IL.		D BY REGISTI	····	ISTRAR'S S			21.0.
23. FUNERAL DIRECTOR	1)1116	. (	Abingdon,	Marvl	and.				Thun &			
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d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, gi	ve street addre	ss)	d. S1	REET ADDRESS					FARM?
NAME OF DECEASED (Type or print)	Fin JAMI		Middle GEORGE	P	LUMMER	4. DATE OF DEATH	Octobe:		-,	Yeor 1959
Male	White	WIDOWED [	Never Married Divorced		eb. 188		last birthday) 77 yrs.	F UNDER 1 YEA Months Days		Min.
Carper	ON (Give kind of work ding life, even if retired)  Ter (Ret	) Self			Virgi		ountry)	U.S.		COUNTR
. FATHER'S NAME				14. MO	THER'S MAIDEN	NAME				
	mes Plum					h Par				
	R IN U. S. ARMED FORC (If yes, give wor or dates of sec	rvice)	- 0	lber		er, F	Addre Forest H	"Cheas	tnut	
Conditions, if or gove rise to in couse (o), stoting the lying couse lost.	the <u>under-</u> DUE TO (c).		risseles ease	rolic	Card	liove	rscula		fyr	S.
3	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		HOW INJURY OCCURR					N IN PART 1(o)	PERFO	NO [
20c. TIME OF INJURY Hour o. m. p. m.		While	OCCURRED 20e. P	LACE OF IN	UURY (Home, form t, office bldg., etc	n, 20f. (City	or town)	(County	')	(State)
21. I certify the	at attended the	deceased to	om the 15	DA 1	ed at 12:3				ate state	
ACTUAL SIGNATURE PHYSICIAN'S	Mone	the	Down	MD	211		Union Av			2/5
20. BURIAL, CREMATION EMOVAL (Specify)	Edward N, 22b. DATE THEREOF		NAME OF CEMETERY	OR CREMAT	ORY		Orace,		reday	· d
John G 80	rsignature T		ADDRESS TO A MC	Home		D BY REGIST		RAR'S SIGNATI	JRE .	

ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

O FUNERAL 10 CONTR: After this certificate has been signed by the attending physician and campletely filled in tagge 3 shaulous detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR may be retained TO FUNERAL D VS A15 (4) 1SM 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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house	offer de	eath.			-	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11473

**CERTIFICATE OF DEATH** 

11451

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	arford		MARYL		a. STATE	ence (who		lived. If instituti b. COUNTY		er fo	
b. CITY OR TOWN (IF RURAL ond give nec			c. LENGTH OF STAY IN	4 1b		OWN (If or		arling		give near	est town)
d. NAME OF HOSPITA OR INSTITUTION R.F.D.		,	oddress)	1	d. STREET AD	P.D				e	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fir AG N		Middle VIOLA		PRES	TON	4. DATE OF DEATH	Octob		21	Year 19 59
5. SEX Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIED  DIVORCED	_	TOV. 1	2. 1	885	P. AGE (In years last birthdoy) yrs.	Months	-	F UNDER 24 HRS. Hours Min.
100. USUAL OCCUPATION	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR Home		11. BIRTHPLA	,	or foreign cas			TIZEN OF	WHAT COUNTRY
13. FATHER'S NAME	Mar un ene			1	4. MOTHER'S	MAIDEN N	AME				
W:	lliam Cs	rty			A	nnie	West				
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT			Add	ress	R.F.	D.
No	yes, give not or bales or s	et vice)	1	Mrs	. LeR	oy H	asson	, Dar	ling'	ton,	Md.
PART I. DEAT	H [Enter only one con H WAS CAUSED BY: IMMEDIATE CAUSE (o		(c), (b), and (c).]	nc 1	Ineur	lem	0	Aprila		INTER	TAND DEATH
Conditions, if on gove rise to im	mediote Dus TO	)	Angerral	1	lyper	tons	ton				3yr.
couse (o), stating the lying couse lost.	ne under-										
PART II. OTHI			CONTRIBUTING TO DEAT	IH BUT NO	T RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR		WAS AUTOPSY PERFORMED? YES NO X
PART II. OTHI	UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	inter nature of	injury in P	ort I or Part	II of item 18.)			
20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Ye	20d. It While of wor	Not while	PLACE foctory	OF INJURY (H , street, office	ome, form, bldg., etc.	20f. (City (	or town)	(1	County)	(Stote)
21. I certify, the	t I offended the	deceos 119		deoth oc	7			the couses on town,	ond on t	lost sou	w the decease stated above DATE SIGNE
ACTUAL SIGNATURE	Di	D 1.	NMM (	M.D.		(	MI	-9W	31-	+	
PHYSICIAN'S NAME (Type)	Poter	1-1	loomon.		Mr. C		MA	March	11/	V -	
220. BURIAL, CREMATION REMOVAL (Specify)	10/24/	) F   59	Rock Run				R.D.	ON (City, town,	**	Grad	(Stote)
23. FUNERAL DIRECTOR'S	SIGNATURE -	Tari	ring Funer Aberdeen		iome		BY REGISTR	AR 24b. REGI	STRAR'S SIG	GNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) Harford c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE YES T NO T Month Day Year 19 59 IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Haurs 12. CITIZEN OF WHAT COUNTRY Address Rocks, Maryland INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (State) 1959 that I last saw the deceased and that death accurred at 7230AM, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) 22d. LOCATION (City, town, or county) (Stote) Maryland 24b. REGISTRAR'S SIGNATURE Calling & Traces

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CERTIFICATE OF DEATH

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	1145	7	CERT	IFIC.	ATE C	OF DEAT	H		Reg. D	ist. No		ryoy
1. PLACE OF DEATH o. COUNTY Har	ford		MAI	RYLAND	2. USU. a. ST	AL RESIDENCE (V		d lived. If instituti b. COUNTY		arfo		sion)
b. CITY OR TOWN (I	f outside corporate lim	its, write	c. LENGTH OF STA	Y IN 16	c. CI	· ·		orote limits, write F				ก)
Bel Air,			3 vrs		1×	Forest	บราว					
d. NAME OF HOSPIT	AL (If not in hospital,	give street	oddress)	•	/d. S	TREET ADDRESS					e. IS RE	SIDENCE
OR INSTITUTION	Harford Cor	מורפונים	coant Home									FARM?
3. NAME OF DECEASED (Type or print)	Fi	rst	Midd		_!!	Lost	4. DATE OF DEATH	Mai	nth	De		Year
5. SEX	Thomas Wi	nile.	Ld Scarff	nico 🗖	B. DATE C	OF BIDTH	DEATH	9. AGE (In years	TIE LINDE	P I YEAR	I I IIND	19 59 ER 24 HRS.
	Lagran . The same	WIDOW			19.15			last birthday)	Months	Doys	Haurs	Min.
Male 100. USUAL OCCUPATION	White					21,1870		89 yrs.	12 6	ITI7ENI C	DE JAVINA	COUNTRY
during most of work	ing life, even if relired	)			6311	77016		,,				
Farmer  13. FATHER'S NAME	retired		en. Far	mine		Mary OTHER'S MAIDEN	rland		Ur	itec	LSta	ites
					14. MC							
	'yler Scarf					Wartha	R. Hit	chcock				
	R IN U. S. ARMED FOR It yes, give wor or dates of		SOCIAL SECURITY N	10. 17.	INFORMAI	NT		Add	ress			
No					Mrs.	Mark Ho	pkins,	Bel Air	Md.			
	TH [Enter only one co		ne for (a), (b), and (a	c).]						INT	ERVAL B	TWEEN DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (	C	erebral He	morr	age					ON	18	Hrs.
4221	DUE TO										4,0	
Conditions, if a	ny, which ) (t	, C	hronic Car	oth	Varcu	Tar Die	9269				2	
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	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	ED. (Enler r	nolure of injury in	n Port I or Pa	rt II of item 1B.)				
ZOC. TIME OF INJURY	Y Manth, Day, Ye	While	NJURY OCCURRED  Not while of work	20e. PI	LACE OF Its	NJURY (Home, far et, office bldg., e	rm, 20f. (Cit	y or town)		(County)		(State)
21. I certify th	at I attended the	deceas	ed fromJun	e	, 1	957 , to	Oct. 6	1959	that I	last so	aw the	decease
alive on Oct	6.1959		, and the									
	1 . 4	) 0					ADDRESS (S	ilreel, city or town,	stole)			ATE SIGNED
ACTUAL SIGNATURE	Jelland	LP	Hude	2001	M.D	न्य	orest	Hill, Md		Oct	.7.1	050
		- 1		-07-	-M.D		orego-	مالك واللانا			ادراء	2-22
PHYSICIAN'S NAME (Type)			dson M.D.				orest	Hill, Md.				
220. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC	)F	22c. NAME OF CE	METERY C	OR CREMAT	ORY	22d. LOCA	TION (City, town,	or county)		(Sto	le)
Burial	Oct 9.	1959	Frie	ndsh:	in		Fal	1ston.	Md.			
23. FUNERAL DIRECTOR	S SIGNATURE	X	ADDRESS	1	. 11	24a. REC	C'D BY REGIS		STRAR'S S	IGNATU	RE	
(Marles)	6. Turi	4	tassell	1.12	llo	MAL DATE	OCT 1 3	'59	Irthur	& th	and	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL PACTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 show a detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and I have thauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours effect death. VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57

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	114:	59	CERT	IFIC.	ATE OF D	EATH			Reg. Dis		1400
1. PLACE OF DEATH o. COUNTY	Harford		MAR	YLAND	O STATE	Mary]		d lived. If instituti b. COUNTY	an: Residen		ission)
b. CITY OR TOWN (IF RURAL ond give neo	irest town)	ls, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR T		utside corpo	rate limits, write R			wn)
d. NAME OF HOSPITA OR INSTITUTION 132 Law	L (If not in hospital, g	ive street ac	ddress)		d. STREET A	DDRESS		treet		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	MYRT:		Middl GRAC		tos TWEE		4. DATE OF DEATH	Mor Octol		Doy 15	Yeor 1959
Female	6. COLOR OR RACE White	7. MARRIE	D NEVER MARR		B. DATE OF BIRTH		900	9. AGE (In years last birthdoy) 59 yrs.	IF UNDER Months	Days Hour	DER 24 HRS.
0o. USUAL OCCUPATION during most of workin HOUSEW 3. FATHER'S NAME	ng life, even if retired	done 10b. K	Home	OR INDU		nna.		ountry)		S.A.	AT COUNTRY
	Monroe G	uhl						erford			
5. WAS DECEASED EVER (Yes. no. or unknown) No	IN U. S. ARMED FOR yes, give wor or dates of s	CES? 16. SC	OCIAL SECURITY N		orothy	Nich	ols	Aber	deen,	36 Law	St.
Canditions, if on gove rise to im cause (a), slating th lying couse last.  Part II. OTHE	mediote (	Tec DITIONS CO	structi mor/	poss EATH BUT	Cience NOT RELATED TO	er)	Lice of	Pane E CONDITION GIN	races)	3 7.	nows
PART II. OTHE	UNDERLYING  CAUSE OF DEATH	20b. DESCR	RIBE HOW INJURY O	OCCURRE	). (Enter nature of	f injury in Po	ort 1 or Part	t II of item 18.)		YES [	FORMED?
20c. TIME OF INJURY Hour o. m. p. m.		while	URY OCCURRED Not while	20e. PL/ foc	ACE OF INJURY (History, street, affice	lome, form, bldg., etc.)	20f. (City	or town)	(C	ounty)	(Stote)
21. I certify that alive on OCA  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	F 14 Judre Andre ANXXXX	Weis:	edy s, M.I	)	accurred a Q	4 W.	Bel	n the causes of reet, city or town, Air Av	and an th stote)	e date sta	
20. BURIAL, CREMATION REMOVAL (Specify) Burial	10/18/	59		tia	Cemeter		-	ON (City, town,		(Si Maryla	ote) ind
3. FUNERAL DIRECTOR'S	SIGNATURE T		g ADDRESSION		Iome	24o. REC'D			STRAR'S SIG	NATURE	10 8 to

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e. IS RESIDENCE ON A FARM? YES NO

Year

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IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.A.

Hours

INTERVAL BETWEEN ONSET AND DEATH

30 min.

12. CITIZEN OF WHAT COUNTRY?

Reg. Dist. No.

Months

Harford

10 yr. PERFORMED? YES NO K (County) (State) ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (State) Maryland 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OCT 1 9 '59 Chilling S. Thrank

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